

MAIL TO:  
WHMD, MDEQ,  
Notification Unit  
PO BOX 30241  
Lansing, MI 48909-7741  
OR FAX TO: 517-373-4797

unless sending \$50 user fee  
then mail to:  
MDEQ, Office of Financial  
Mgmt, Revenue Ctrl Unit,  
PO BOX 30657  
Lansing, MI 48909-8157

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
Waste and Hazardous Materials Division

# SITE IDENTIFICATION VERIFICATION

Required under authority of the Natural Resources and Environmental Protection Act, 1994  
PA 451, as amended. Failure to submit this information may result in  
civil or criminal penalties.



US EPA RECORDS CENTER REGION 5



492882

**I. The form is being  
submitted**  
(see instructions on page 6)

CHECK CORRECT BOX(ES)

- ☐ as initial notification: to notify as a new site or new owner for the site with previously issued site id number (include \$50.00 user charge fee and submit the form and check to: DEQ OFFICE OF FINANCIAL MANAGEMENT)
- ☐ as subsequent notification: to change, update, or verify site information for an existing owner of a site with a previously issued site id number (submit to WHMD-MDEQ)
- ☐ as a component of a Hazardous Waste Permit Part A (submit to WHMD-MDEQ)
- ☐ as a component of the Hazardous Waste Report (biennial report) (submit to WHMD-MDEQ)

**II. Site's ID Number**

A. Site's Identification (ID) Number: MIK668212715

**III. Name of Site**  
(instructions on page 7)

TYPE OR PRINT CLEARLY

A. Legal company name: MI DEPT/ENVIRONMENTAL QUALITY RRD

B. Site Specific name (d/b/a): FORMER W R GRACE & CO

**III. Correct the Name of Site or add missing information below (TYPE OR PRINT CLEARLY)**

A. Legal company name:

B. Site Specific Name  
(d/b/a):

**IV. NAICS Code(s)**  
(instructions - page 8)

A. 562910 B. C. D.

**IV. Correct the NAICS Code(s) for the Site or add new code(s) - up to four codes. (TYPE OR PRINT CLEARLY)**

A. B. C. D.

**V. Site Location Address  
and Other Site  
Information**  
(instructions on page 8)

TYPE OR PRINT  
CLEARLY

Street Address: 14300 HENN ST

City, Town, or Village: DEARBORN

State: MI

Province or Subdivision:

Country: U.S.A.

County Name (MI only): WAYNE

Zip/Postal Code: 48126

Federal ID Number: 38XXXXX34

Approx./Ave. Number of Employees: UNM

**V. Correct the Site Location Address and Other Site Information or add missing information: (TYPE OR PRINT CLEARLY)**

Street Address:

City, Town, or Village:

State

Province or Subdivision:

Country

County Name (MI only):

Zip Code

Federal ID Number:

Approx./Ave. Number of Employees

**VI. Site Mailing Address**  
(instructions on page 8)

TYPE OR PRINT  
CLEARLY

Mailing Name (if different than Name of Site): U S EPA

Street or P.O. Box: 9311 GROH ROAD

City, Town, or Village: GROSSE ILE

State: MI

Province or Subdivision:

Country: U.S.A.

Zip or Postal Code: 48138

**VI. Correct the Site Mailing Address information or add missing information. (TYPE OR PRINT CLEARLY)**

Street Address:			
City, Town, or Village:	State:		
Province or Subdivision:	Country:		
County Name (MI only):	Zip Code:		

**VII. Site Contact Person (instructions on page 9)**TYPE OR PRINT  
CLEARLY

First Name: BRIAN	MI: M	Last Name: KELLY
Phone Number: (734) 692-7684	Phone Number Extension:	
Fax Number:	Email Address:	

**VII. Correct the Site Contact Person information or add missing information. (TYPE OR PRINT CLEARLY)**

[contact person at the location site]	First Name:	MI:	Last Name:
	Phone Number: ( )	Phone Number Extension:	
	Fax Number: ( )	Email Address:	

**VIII. Indian Reservation (instructions on page 9)**Facility on Indian Reservation Land: ☐ yes ☒ no**VIII. Correct the Indian Reservation Status (CLEARLY MARK THE CORRECT BOX)**Facility on Indian Reservation Land: ☐ yes ☐ no**IX. Owner and/or Operator of Site (instructions on page 9)**TYPE OR PRINT  
CLEARLY

1. Name of Site's Legal (check applicable box(es))		Approx. date became owner &/or operator:	
<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator	1/1/1992	
Name: PAUL MARTIN			
Type (check one): <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal			
<input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

**IX. Correct the Owner and/or Operator information or add missing information. (TYPE OR PRINT CLEARLY)**

1. Name of Site's Legal (check applicable box(es))		Approx. date became owner &/or operator:	
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	Approx. date ceased as owner &/or operator:	
Name:			
Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal			
<input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
2. Name of Site's Legal (check applicable box(es))		Approx. date became owner &/or operator:	
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	Approx. date ceased as owner &/or operator:	
Name:			
Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal			
<input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

**X. Type of Regulated Waste Activity (Mark 'X' in the appropriate box(es).)****A. Hazardous Waste Activity(ies at this location**

1. Generator of hazardous waste (choose one of the following three categories)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs) of non-acute hazardous waste, or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs) of non-acute hazardous waste, or
- ☐ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

[see comments for additional information]

For items 2 through 8, check all that apply

2. Transporter of hazardous waste

- ☐ a. Transport hazardous waste
- ☐ b. Commingle waste
- ☐ c. Offloads during transportation

[may require a permit & registration]

3. Designated facility (hazardous waste received from off-site)

- ☐ a. Treats waste on-site at this location
- ☐ b. Stores waste on-site at this location
- ☐ c. Disposes of waste on-site at this location
- ☐ d. Recycles recyclable materials on-site at this location

[required submittal of Part A & permit]

☐ 4. Underground injects waste on-site at this location

☐ 5. Import agent for hazardous waste

☐ 6. Generate mixed radioactive waste on-site at this location

☐ 7. Accepts waste from CESQG & accumulates over 1,000 kg on-site at this location

8. Exempt boiler and/or Industrial Furnace on-site at this location

- ☐ a. Smelting, melting, and refining furnace exemption
- ☐ b. Small quantity on-site burner exemption

**B. Polychlorinated biphenyls (PCBs)**

- ☐ Generated an item, product, or material containing a concentration equal to or greater than 100 ppm of PCB

**C. Used Oil Activity(ies) at this location, check all that apply: (used oil generator only check E.2. below a Liquid Industrial Waste Generator)**

1. Used Oil Fuel Marketer

- ☐ a. Marketer who directs shipments of off-specification used oil to used oil burner.
- ☐ b. Marketer who first claims the used oil meets the specifications

☐ 2. Off-specification Used Oil Burner

3. Used Oil Transporter (check one only)

- ☐ a. Transporter only
- ☐ b. Transporter with transfer facility

[requires a permit & registration]

☐ 4. Used Oil Processor

☐ 5. Used Oil Re-refiner

☐ 6. Used Oil Collection or Aggregation Point

☐ 7. Collection Center or Aggregation Point that accepts DIY Used Oil

**D. Universal Waste Activity(ies at this location, check all that apply:**

1. Large Quantity Handler

Type of Universal Wastegeneratingaccumulating

a. Batteries

b. Thermostats

c. Mercury Thermometers

d. Devices containing elemental mercury

e. Mercury Switches

f. Pesticides

g. Electric Lamps

h. Pharmaceuticals

i. Consumer Electronic

- ☐ 2. Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)

**E. Liquid Industrial Waste Activities at this location check all that apply: (not hazardous waste activity)**

☐ 1. Liquid Industrial Waste Transporter

[requires a permit & registration]

☐ 2. Transporting Own Waste

☐ 3. Liquid Industrial Waste Generator

☐ 4. Liquid Industrial Waste Designated Facility

**F. Generation of waste ceased or Site closed at this location check one and enter the date (mm/dd/yyyy):**

☐ 1. No longer generating hazardous, liquid industrial, or universal waste; still in business at this location

☐ 2. No longer generating hazardous, liquid industrial, or universal waste; out of business at this location

Date site is no longer generating waste: \_\_\_\_\_

**XI. Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.


Signature of owner, operator, or authorized representative

Name and Official Title (type or print)

Date Signed (mm-dd-yyyy)

**XII. Comments:**

If you did not submit this form through the MiTAPS e-Permitting electronic submittal system (<https://secure1.state.mi.us/epermits>), you may need to add a comment and a date. Specifically, if there is a change in the activity status under 10.A.1.a-c or 10.C.1, 2, 4, or 5, from your current site activity, the actual date of the site activity change could impact the user fee. Please indicate below the actual date of the site activity change(s) at this site and add explanation. Otherwise, the effective date of the site activity(ies), specified in Section X, will become effective on the certification date (Section XI). To determine the current site activity, go to the public website at <http://www.deqstate.mi.us/wdspi>.

<b>MAIL TO:</b> WHMD, MDEQ, Notification Unit PO BOX 30241 Lansing, MI 48909-7741 <b>OR FAX TO:</b> 517-373-4797  <i>unless</i> sending \$50 user fee then mail to: MDEQ, Office of Financial Mgmt, Revenue Ctrl Unit, PO BOX 30657 Lansing, MI 48909-8157	<b>MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY</b> Waste and Hazardous Materials Division  <h2 style="margin: 0;">SITE IDENTIFICATION VERIFICATION</h2> <small>Required under authority of the Natural Resources and Environmental Protection Act, 1994          PA 451, as amended. Failure to submit this information may result in          civil or criminal penalties.</small>	
<b>I. The form is being submitted</b> (see instructions on page 6)  CHECK CORRECT BOX(ES)	<input type="checkbox"/> as initial notification: to notify as a new site or new owner for the site with previously issued site id number (include \$50.00 user charge fee and submit the form and check to: DEQ OFFICE OF FINANCIAL MANAGEMENT)  <input type="checkbox"/> as subsequent notification: to change, update, or verify site information for an existing owner of a site with a previously issued site id number (submit to WHMD-MDEQ)  <input type="checkbox"/> as a component of a Hazardous Waste Permit Part A (submit to WHMD-MDEQ)  <input type="checkbox"/> as a component of the Hazardous Waste Report (biennial report) (submit to WHMD-MDEQ)	
<b>II. Site's ID Number</b>	A. Site's Identification (ID) Number: MIK668212715	
<b>III. Name of Site</b> (instructions on page 7)  TYPE OR PRINT CLEARLY	A. Legal company name: MI DEPT/ENVIRONMENTAL QUALITY RRD  B. Site Specific name (d/b/a): MI DEPT/ENVIRON QLTY FORMER W R GRACE & CO	
<b>III. Correct the Name of Site or add missing information below (TYPE OR PRINT CLEARLY)</b>		
A. Legal company name:		
B. Site Specific Name (d/b/a):		
<b>IV. NAICS Code(s)</b> (instructions - page 8)	A. 562910      B.      C.      D.	
<b>IV. Correct the NAICS Code(s) for the Site or add new code(s) - up to four codes. (TYPE OR PRINT CLEARLY)</b>		
A.      B.      C.      D.		
<b>V. Site Location Address and Other Site Information</b> (instructions on page 8)  TYPE OR PRINT CLEARLY	Street Address: 14300 HENN ST City, Town, or Village: DEARBORN      State: MI Province or Subdivision:      Country: U.S.A. County Name (MI only): WAYNE      Zip/Postal Code: 48126 Federal ID Number: 38XXXXX34      Approx./Ave. Number of Employees: UNM	
<b>V. Correct the Site Location Address and Other Site Information or add missing information. (TYPE OR PRINT CLEARLY)</b>		
Street Address:		
City, Town, or Village:      State:		
Province or Subdivision:      Country:		
County Name (MI only):      Zip Code:		
Federal ID Number:      Approx./Ave. Number of Employees:		
<b>VI. Site Mailing Address</b> (instructions on page 8)  TYPE OR PRINT CLEARLY	Mailing Name (if different than Name of Site): MDEQ RRD PROGRAM SUPPORT Street or P.O. Box: 525 W ALLEGAN STREET City, Town, or Village: LANSING State: MI      Province or Subdivision: Country: U.S.A.      Zip or Postal Code: 48933	

**VI. Correct the Site Mailing Address information or add missing information. (TYPE OR PRINT CLEARLY)**

Street Address:			
City, Town, or Village:	State		
Province or Subdivision:	Country		
County Name (MI only):	Zip Code		

**VII. Site Contact Person (instructions on page 9)**  
TYPE OR PRINT CLEARLY

First Name: DAVE	MI:	Last Name: WAHL
Phone Number: (517) 373-3898	Phone Number Extension:	
Fax Number:	Email Address:	

**VII. Correct the Site Contact Person information or add missing information. (TYPE OR PRINT CLEARLY)**

[contact person at the location site]	First Name:	MI:	Last Name:
	Phone Number: ( )	Phone Number Extension:	
	Fax Number: ( )	Email Address:	

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<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	1/1/1992
Name: PAUL MARTIN	
Type (check one): <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal	
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Name:	
Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal	
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- ☐ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

[see comments for additional information]

For items 2 through 8, check all that apply

2. Transporter of hazardous waste

- ☐ a. Transport hazardous waste
- ☐ b. Commingle waste
- ☐ c. Offloads during transportation

[may require a permit & registration]

3. Designated facility (hazardous waste received from off-site)

- ☐ a. Treats waste on-site at this location
- ☐ b. Stores waste on-site at this location
- ☐ c. Disposes of waste on-site at this location
- ☐ d. Recycles recyclable materials on-site at this location

[required submittal of Part A & permit]

☐ 4. Underground injects waste on-site at this location

☐ 5. Import agent for hazardous waste

☐ 6. Generate mixed radioactive waste on-site at this location

☐ 7. Accepts waste from CESQG & accumulates over 1,000 kg on-site at this location

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- ☐ a. Smelting, melting, and refining furnace exemption
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**B. Polychlorinated biphenyls (PCBs)**

- ☐ Generated an item, product, or material containing a concentration equal to or greater than 100 ppm of PCB

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- ☐ a. Marketer who directs shipments of off-specification used oil to used oil burner.
- ☐ b. Marketer who first claims the used oil meets the specifications

☐ 2. Off-specification Used Oil Burner

3. Used Oil Transporter (check one only)

- ☐ a. Transporter only
- ☐ b. Transporter with transfer facility

[requires a permit & registration]

☐ 4. Used Oil Processor

☐ 5. Used Oil Re-refiner

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☐ 7. Collection Center or Aggregation Point that accepts DIY Used Oil

**D. Universal Waste Activity(ies at this location, check all that apply:**

1. Large Quantity Handler

**Type of Universal Waste****generating****accumulating**

a. Batteries

b. Thermostats

c. Mercury Thermometers

d. Devices containing elemental mercury

e. Mercury Switches

f. Pesticides

g. Electric Lamps

h. Pharmaceuticals

i. Consumer Electronic

- ☐ 2. Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)

**E. Liquid Industrial Waste Activities at this location check all that apply: (not hazardous waste activity)**

☐ 1. Liquid Industrial Waste Transporter

[requires a permit & registration]

☐ 2. Transporting Own Waste

☐ 3. Liquid Industrial Waste Generator

☐ 4. Liquid Industrial Waste Designated Facility

**F. Generation of waste ceased or Site closed at this location check one and enter the date (mm/dd/yyyy):**

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☐ 2. No longer generating hazardous, liquid industrial, or universal waste; out of business at this location

Date site is no longer generating waste: \_\_\_\_\_

**XI. Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature of owner, operator, or authorized representative

Name and Official Title (type or print)

Date Signed (mm-dd-yyyy)

**XII. Comments:**

If you did not submit this form through the MiTAPS e-Permitting electronic submittal system (<https://secure1.state.mi.us/epermits>), you may need to add a comment and a date. Specifically, if there is a change in the activity status under 10.A.1.a-c or 10.C.1, 2, 4, or 5, from your current site activity, the actual date of the site activity change could impact the user fee. Please indicate below the actual date of the site activity change(s) at this site and add an explanation. Otherwise, the effective date of the site activity(ies), specified in Section X, will become effective on the certification date (Section XI). To determine the current site activity, go to the public website at <http://www.deqstate.mi.us/wdspi>.

THIS IS A PRELIMINARY DRAFT. IT IS NOT TO BE USED FOR ANY PURPOSES.

DO NOT SIGN OR DATE THIS DOCUMENT. IT IS NOT TO BE USED FOR ANY PURPOSES.





STATE OF MICHIGAN  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

STEVEN E. CHESTER  
DIRECTOR

## HAZARDOUS WASTE AND/OR LIQUID INDUSTRIAL WASTE SITE

This letter confirms that the Michigan Department of Environmental Quality (MDEQ) received the information you submitted to update the data maintained under the site identification number issued under Part 111, Hazardous Waste Management, Section 324.11101 *et seq.* or Part 121, Liquid Industrial Waste, Section 324.12101 *et seq.* of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA).

Enclosed is a copy of the pre-populated site verification form EQP5150-v with the site's identification number listed (see I. Site's ID Number, A. Identification Number).

Please verify the existing data and submit any corrections to the MDEQ at the address indicated on the form.

You can also use this form at a later date to update information due, for example, to a change in the facility name or in the owner(s) or operator(s) of the facility.

In contrast, a new site identification form must be submitted if the business moves to another location (since the ID number is assigned to the physical location).

You can obtain a copy of Part 111, Hazardous Waste Management, and administrative rules or Part 121, Liquid Industrial Waste, by downloading it from the "waste" page (look for the "Hazardous Waste" link at the MDEQ web page at <http://www.michigan.gov/deq>. You can obtain a paper copy of Part 111 (for postage for 1 ounce), Part 121 (for postage for 1 ounce), or the Part 111 rules (for \$12.45, plus postage for 3 pounds) by sending a self-addressed 12" by 15" envelope with postage affixed and a check payable to the "State of Michigan" for the correct amount to:

WASTE AND HAZARDOUS MATERIALS DIVISION  
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
HAZARDOUS WASTE AND RADIOLOGICAL PROTECTION SECTION  
PO BOX 30241  
LANSING MI 48909-7741

If you have any questions concerning the enclosed data or the site identification form please contact a Site Identification Program Coordinator at 517-335-2690.

**EMSL Analytical, Inc.**

212 South Wagner Road, Ann Arbor, MI 48103

Phone: (734) 888-8810 Fax: (734) 888-8832 Email: [annarborlab@emsl.com](mailto:annarborlab@emsl.com)**EMSL**

Attn: **John Johnson**  
**Lockheed Martin**  
**2890 Woodbridge**  
**Bldg. 209 Annex**  
**Edison, NJ 08837-3679**

Customer ID: LOCK55  
 Customer PO:  
 Received: 05/18/05 9:37 AM  
 EMSL Order: 080501931

Fax: (732) 494-4020 Phone: (732) 321-4200  
 Project: COC:0118-041505-0030, REAC Site#118, EPA Contract:  
 EP-C-04-032

EMSL Proj:  
 Analysis Date: 5/18/05  
 Report Date: 5/19/05

**Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2,**  
**8/15/94**

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm <sup>3</sup>	Fibers/ cc	Notes
WRGD-0144		5/18/05	3800.00	7.0	100	0.0007	8.92	0.001	
080501931-0001									
WRGD-0145		5/18/05	3240.00	10.0	100	0.0008	12.7	0.002	
080501931-0002									
WRGD-0146		5/18/05	3800.00	<5.5	100	0.0007	<7.0	<0.0007	
080501931-0003									
WRGD-0147		5/18/05	3800.00	10.0	100	0.0007	12.7	0.001	
080501931-0004									
WRGD-0148		5/18/05	3800.00	6.0	100	0.0007	7.64	0.0008	
080501931-0006									
WRGD-0149		5/18/05	3600.00	<5.5	100	0.0007	<7.0	<0.0007	
080501931-0006									
WRGD-0153		5/18/05		<5.5	100		<7.0		Field Blank
080501931-0007									

Analyst(s)

Avis Canaday (7)



John Ireland, Ph.D.  
 or other approved signatory

Limits of detection is 7 fibers/mm<sup>3</sup>. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL Ann Arbor

PCM-2

**THIS IS THE LAST PAGE OF THE REPORT.**

1